



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

TEMPORARY FOOD APPLICATION FEE \$30.00

Establishment/Business/Organization Name _____
Address _____ Phone _____

Name of person responsible for this temporary food operation _____
Address _____ Phone _____

Does your organization currently possess an annual food permit from the Westford Board of Health? Y N
If yes, circle type of permit: Food Service Retail

Name of Event _____
Location of Event _____
Date of Event _____ Time of Event _____ to _____

Source of potable water _____
Method of collecting and disposing of wash water _____
Location of handwashing facilities _____
Location of toilet facilities _____
Method and type of sanitizer used _____
List **ALL** food and beverages to be served, including source of food and brand names (you may need a separate sheet of paper) _____

How do you propose to hold cold potentially hazardous foods below 45°F? _____

How do you propose to hold hot potentially hazardous foods above 140°F? _____

How do you propose to hold raw foods separate from ready-to-eat foods? _____

Do you have a Certified Food Protection Manager (590.003) (to be present at all times during the event)? Y N
Provide Name (and attach copy of certificate) _____

Application must be received at the Board of Health office at least 14 days prior to event. Please call the office to let us know if the permit should be mailed or if someone will pick it up in person.

Please be aware that we are likely to conduct an inspection of the temporary site before the event date.

I have read, and understand, the “Guidelines for Temporary Food Vendors”

Social Sec #/Federal ID #

Signature of Applicant

Date